



# IDAHO DEPARTMENT OF HEALTH & WELFARE

## SUBSTANCE USE DISORDERS NEWSLETTER

**December 2010/  
January 2011**

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Peace on earth will come to stay,  
when we live Christmas  
every day.  
**Helen Steiner Rice**

### **DIVISION UPDATES**

*Kathy Skippen*

Happy Holidays! Things at SUDS are very busy. Norma Jaeger told me there are two great days when dealing with grants. The first is the day you complete it and the second is the day you are notified you got it. From there forward it is work! Norma is a very smart woman.

I'll let the newly hired ATR Program Director provide all the detail on the grant but I will say that finding out the program needed to be going by December 31 instead of January 31 was not one of our better days. This means being capable of collecting the necessary data and having at least one client through the doors, so Mike Bartlett and his crew are working fast to keep us in grant compliance.

### **BUDGET**

*Kathy Skippen*

On budget concerns, we are doing better in getting the monthly spend rate down to a sustainable level but aren't there yet. We are going to shorten all authorizations to no longer than 90 days. There will need to be clinical reasons for any client to continue in treatment for a longer period of time. On the drug court side, drug court coordinators will be doing this review with the same intent. There must be evidence the client will benefit from further treatment for them to continue. This is seen as a needed step, as restricting populations served hasn't gotten us down to a spending rate necessary to make it to the end of the year within our appropriation.

I know you are all aware the legislature is facing a very challenging session because of revenue shortfalls. We now have good data to show treatment works, and continue to believe SUD treatment will fare well in the appropriation setting process, but have no illusions we will be getting any increases in funding for treatment. You have all tightened your belts to the point you can barely breathe and it hasn't been easy. There will be some help because of the ATR grant, but treatment funding will continue to be tight for the foreseeable future.

That isn't the brightest of notes to close on, but all of us at the SUDS Program wish all of you the best of the holiday season. The thing that keeps us all engaged in working in the SUD area is, knowing the work you all do with clients improves their lives.

We thank you for the work you have shown through tough times.  
you do and the dedication

## **FACILITY APPROVAL / RECOVERY SUPPORT SERVICES**

*Ryan Phillips*

Just a quick housekeeping item regarding facility approval...traditionally, the Division of Behavioral Health has required new and renewing treatment facilities to submit two complete copies of their application and supporting documentation, including policies and procedures. This was done, in part, because the Division utilizes a contractor, CASAT, for much of the facility approval/renewal process. While we still rely on the services of CASAT, we now supply them with this information electronically. It is no longer necessary for new or renewing facilities to submit two copies of their application materials. Hopefully, this will save time and resources. Moving forward, we will attempt to find additional methods to streamline the process for providers. If you have questions, concerns, or suggestions, please contact Ryan Phillips at [phillipr@dhw.idaho.gov](mailto:phillipr@dhw.idaho.gov) or 208-334-6610.

## **QUALIFIED SUBSTANCE USE DISORDER CLINICAL PERSONNEL**

*John Kirsch*

### **Administering the GAIN I to clients in locations where web-access is unavailable:**

*Beginning January 1, 2011, the Department will no longer reimburse for GAIN I Assessments conducted on the GAIN ABS Legacy Version.*

The GAIN 'Stand Alone', which may be downloaded to your laptop from the GAIN ABS Website, will be the version of the GAIN I that you may use in locations where Web-access is unavailable.

You may begin utilizing the GAIN 'Stand Alone' immediately by going to <http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/WITSGAIN/tabid/781/Default.aspx> where you will find the following documents to assist you with implementation under the sub-heading

#### GAIN Instruments:

1. Policy Requirement for GAIN I Stand Alone Reimbursement
2. GAIN ABS Stand Alone Install and Tools Manual
3. GAIN ABS Stand Alone User Manual

WITS and GAIN are separate systems that have been linked for use in Idaho, and each is provided by a different vendor, with different technology and separate contracts. At issue in both systems are funding source identification, licensure, data management, programming, hosting costs, and ease of provider access and use. Because we have currently no ability to pull non-state funded client data out of the GAIN I data base, using the GAIN I for these clients is problematic.

The Department currently prohibits entering client data into the WITS and GAIN websites for any client who has not been previously authorized by BPA.

As Idaho moves forward with implementation of a larger WITS client and data management system, it is the Department's goal that providers will be able to enter non-state funded clients into the WITS system. WITS has the technology to allow for this service when fully implemented. The Department currently does not have a target date for this enhancement.

## **WITS/GAIN**

*Treena Clark*

We are excited to announce that the Department has recently obtained the funding needed to design, build and develop the additional modules necessary to complete the Idaho WITS project! In light of this, the Department has decided to postpone the roll out of the WITS modules for collecting TEDS/NOMS and will instead move forward with a complete implementation of the WITS system.

We will be working with our WITS contractor, FEI, over the next several months to design and build the additional modules specific to Idaho needs and hope to begin implementation in the spring. We will be sending out further information to providers as we progress with the project.

### **ATR-3 PROVIDER UPDATE**

*Michael Bartlett*

I would like to take this opportunity to introduce the projects' staff and details of the grant. I am Michael Bartlett and I am the project director for the ATR-3 grant. Presently we have 3 additional staff on the project including Treena Clark, Recovery Support and Clinical Treatment Specialist; Ryan Porter, Program Specialist; and Kymberlee Lindsay, Administrative Assistant. We are currently in the process of hiring an IT Coordinator as well.

The Idaho ATR-3 grant will begin to roll out as of December 31, 2010. The grant will be serving approximately 4,500 clients over the course of 4 years. During the first year SUDS has a target number of 791 clients but more may be served if the yearly budget allows. The ATR grant will be serving 3 different populations including adult misdemeanants, adolescents re-entering the community from an IDJC facility or county detention center and Idaho National Guard men and women. The breakdown of the number of clients served by year is as follows:

**Year 1: 791    Year 2: 1,331    Year 3: 1,295    Year 4: 1,085**



The Department of Health and Welfare, the Idaho Association of Counties Misdemeanor Probation Administrators Association (IACMPAA), and BPA will be admitting approximately seven clients, one from each region, and prior to the start date for the purpose of ensuring that referral pathways and the voucher management system are all functioning correctly. The pilot clients will be admitted as of December 17 with an assessment authorized by BPA, an assessment completed, and GPRA information on each client uploaded to SAIS by December 31, 2010. As of December 31, 2010, referral sources for all populations will be able to direct clients to BPA through their referral pathway

protocol for initial screening and referral to ATR providers for assessment to include GPRA and GAIN-I.

Providers can expect to be trained on utilizing the Government Performance Reporting Act (GPRA) tools beginning the week of December 6<sup>th</sup>. BPA regional coordinators and SUDS staff will provide face to face training for their provider areas with SUDS training regions 3 and 4. Trainings will continue as needed throughout December and January and will be conducted by SUDS utilizing webinar software that all providers will be able to easily access from their agency sites. Providers will be also receiving the new GPRA Q by Q manual that is utilized to provide GPRA training as well as an updated GPRA FAQ. BPA will provide training in regards to the referral and billing processes through eCura. Providers may contact BPA at (208) 947-4377 or toll-free at (800) 688-4013 with any questions or concerns.

### **SPOEC**

*Ryan Porter*

The Department is currently working with BPA to develop a budgetary monitoring system to ensure a balanced fiscal year end. The plan currently is to have a simplified implementation in place by January 1st. With the remainder of the fiscal year, the details of how to approach FY 12 will be developed. The system has two components consisting of a Single Point of Entry Coordinator (SPOEC) and a Local Accountability Group (LAG) for each non-criminal justice client population. These individuals will be looking closely at admissions, continued stay criteria and discharge information. More details to come.

## CASAT

Pete Singleton

Nearing the end of the calendar year! Whew! I am sure that someone is removing days from the calendar; it cannot possibly have gone by this fast.

Most of us "normal" people have not even come close to completing all the items on our to-do list, BUT hopefully we have gotten some priority items done. The CASAT Certification folks have spent a lot of time tidying up our process and paperwork. This means we are more efficient and effective than ever and are reducing the turnaround time on your applications.

Several times a program has asked for ASAP application processing. Here are some hints to reduce holdups:

1. Submit your electronic documents in Microsoft Word or PDF format.
2. Services for now and in the future -
  - Determine which services are already provided, which ones to keep and which ones will be dropped?
  - What new clinical or RSS services will need to be added?

Looking forward to the coming year what might be valuable to be certified for now that will be instituted later. Often many of the policy and procedure requirements for new services are included in other services, so it would not take much effort to add a few things and have the service certified and ready to go.

3. Structure your policy and procedure manual in relation to the IDAPA requirements –
  - First Option: take a copy of the new regulations and copy/insert the policy/ies that correspond from your existing manual under each one;
  - Second Option: from a copy of the new regulations copy/past the alphanumeric citation into your existing manual as appropriate.

Either way, it will ensure that each relevant regulatory requirement is in your manual. This facilitates the processing of your application and can help prepare you for your site visit. The CASAT folks are piloting a draft regulation form that lists most of the requirements for any service offered. If you would like to try it out for your policy and procedure manual just send an email – [psingleton@casat.org](mailto:psingleton@casat.org)

Best of Holidays to all. Hope yours are safe, healthy and bountiful!

## NEWSLETTER QUESTIONS

Please forward questions regarding this newsletter to Danielle Miller [millerd@dhw.idaho.gov](mailto:millerd@dhw.idaho.gov)

